



# Inmate Programming *available at the* New Hampshire Department of Corrections

## A BRIEF DESCRIPTION

The Division of Community Corrections (DCC) is committed to implementing case management and programming that is efficient and scientifically known to produce the best results. Toward this end, we rely on manualized and validated screening, assessment, and intervention services. Our process is briefly described below, as are the interventions currently in use.

Upon entry into any NH DOC prison, all inmates are screened for physical and behavioral health problems, and also undergo (through DCC staff) an additional assessment to determine their risk of re-offending. If the inmate scores at or above the risk threshold score established for our system, attention will turn to the sub-scales that are part of the assessment instrument in use. The sub-scales will be prioritized based on the score in each and the level of criminogenic risk that sub-scale presents. The inmates' programming will thus be determined and prioritized (see annotated program descriptions below).

It is vital to understand that this means some inmates who may in the past have been ordered into programs will not be so ordered by DOC. This approach is based on mounting and convincing scientific evidence that programming low risk inmates is likely to make them worse and is, therefore, a waste of precious and limited programming resources. It is also crucial to note that most programming will not begin until the inmate is within 24 months of her/his minimum parole date (MPD).

In addition to the programming available "behind the walls," DCC is delivering a variety of services to parolees and probationers. Each of DOC's four highest volume probation and parole district offices (DOs) have two DCC correctional counselors placed in them: a generalist case manager and a Licensed Alcohol and Drug Abuse Counselor (LADC). The counselors work with Probation and Parole Officers (PPOs) to assure that those parolees and probationers who present as high risk of re-offending and have programming needs get the services they need. This process is also driven by consistent scientific evidence that the best outcomes are achieved when programming behind the walls is reinforced with evidence-based programming and supervision in community.

DCC is fortunate to be able to make substance and mental health services available elsewhere in the State through the federally funded Offender Re-entry Services Initiative (ORSI). These funds were made available through the NH Depart-

ment of Justice and have been awarded through a competitive bid process to Keystone Hall. The latter has established a statewide network of providers who provide services to clients who are under DOC supervision and meet the criteria noted above. We hasten to add that these federal funds are limited and may be exhausted before the end of calendar 2012.

## INTERVENTION SERVICES PROGRAM OFFERINGS

**Thinking for a Change (T4C)** – is an innovative, evidence-based cognitive behavioral curriculum provided by the National Institute of Corrections (NIC). T4C is an integrated cognitive behavior change curriculum that includes cognitive restructuring, and social and problem-solving skills development. It is designed for delivery to small groups in 25 sessions.

**Living in Balance (LIB)** – Inmates whose screening and assessments indicate substance use problems are expected to complete the LIB program. The LIB manual is divided into 36 sessions. Each session lasts about two hours. The sessions are not sequential hence entry into a group can occur at any time but entrants need to complete all sessions. The LIB model utilizes a cognitive-behavioral approach with emphasis on learning and practicing critical skills that strengthen major areas of a client's life to protect against relapse. It should be noted that the DCC's Substance Use Disorders treatment approach will undergo some modifications in 2012, including the possible replacement of LIB with a different evidence-based approach. We will also endeavor to develop a substance use disorder focused therapeutic community in the Northern Correctional Facility. LIB will continue to be offered until these changes take place.

**Seeking Safety (SS)** – is an integrated treatment for individuals with a dual diagnosis of PTSD and Substance Use Disorder (SUD). It has undergone substantial modifications that allow for use with males and females. SS focuses on the needs of both PTSD and SUD by emphasizing stabilization and safety from self-destructive behaviors and trauma re-enactments. SS names, validates and connects past traumas and substance use, while remaining focused on examples of one's current life for establishing safe coping behaviors. The course consists of 25 topic sessions that require 25 hours of group work.



## CORRECTIONS SPECIAL SCHOOL DISTRICT

**The Corrections Special School District (CSSD)** – established in 1999, provides a complete continuum of intake, guidance and educational services. This “Special School District” is state-recognized and self-funded, thus relieving local school districts of responsibility for educational services to inmates, especially to those inmates age 21 or younger. The Corrections Special School District is broken down into two distinct operational areas: the Granite State High School and the Career and Technical Education Center. All faculty providing instruction are credentialed by the NH Department of Education in their respective content areas.

**Granite State High School (GSHS)** – offers academic programming opportunities to inmate students across all of the NH Department of Corrections facilities. In the Concord and Goffstown facilities, inmate students are provided an opportunity to access a continuum of offerings spanning K-12 education, GED preparation, GED testing and classes that help the inmate student work toward a high school diploma. At the Northern Correctional Facility, inmate students may participate in GED preparation, GED enrichment and GED testing services. Post secondary offerings, either in class or through correspondence format, are available as well, depending on location.

Consistent with state and federal law, special education services are offered for inmates determined eligible for such services prior to incarceration. Inmates not eligible for special education services are offered appropriate academic supports to assist them with their studies. Each prison library supports inmate studies and provides reading materials, interlibrary loan and reference media. Access to legal reference materials is also available.

**Career and Technical Education Center (CTEC)** – offers programming opportunities at the NHSP/Men (Concord) and the NHSP/Women (Goffstown) facilities. CTEC provides classroom and on-the-job laboratory training to enhance skills in several employment areas. Certificates are awarded for successful completion, with program length ranging from one to two years.

**Family Connection Center (FCC)** – Family support programming is available at all three prisons. The FCC provides parenting education classes, parenting support groups, Healthy Relationship classes, and sets up internet video visits for children with their parent. They also help by facilitating phone conferences for parents with NH DCYF, NH DCSS, and the child’s schools. The FCC creates unique events where parent-child bonding can take place in non-traditional prison activities, such as our summer camp for Children of Incarcerated Parents and a Family Day. FCC services help the

inmates overcome barriers to successful reentry and strengthen ties to their family in the community.

**Religious Services** – DCC believes that it is important to recognize the cultures and traditions of all those in prison. Regular worship, group or personal study, and pastoral counseling are offered throughout the inmate’s time in prison. Dietary restrictions consistent with documented religious beliefs are reasonably accommodated.

Weekly worship services are available in the prison chapel for the following faiths: Roman Catholic, Protestant, Muslim, Jehovah’s Witness, Buddhist, Neo-Pagan, Sant Mat Satsang, and Native American Sacred Circle. In addition, several Bible and Gospel study groups meet regularly.

## MENTAL HEALTH SERVICES

In addition to services provided by DCC, DOC’s Division of Medical and Forensic Services (DMFS) offers comprehensive mental health services through State clinical staff and a contractor, MHM Services, Inc. The information below is excerpted from a complete description available in DOC’s Policy and Procedure Document (PPD) #6.05.

A trained mental health staff member interviews all inmates within 14 days of their incarceration. This screening includes, but is not limited to, whether the inmate: has a present suicide ideation, has a history of suicidal behavior, is presently prescribed psychotropic medication, has a current mental health complaint/current mental health status, is being treated for mental health problems, has a history of inpatient and outpatient psychiatric treatment, has a history of treatment for substance use, or has a sexual abuse-victimization and/or predatory behavioral history.

A formal treatment plan is required for every inmate who is prescribed psychotropic medications or who receives mental health treatment. Such treatment may be in the form of group therapy and/or individual counseling, and/or psychotropic medication management. The treatment plan is updated every six months. This team of master and doctorate level clinical staff provide individualized services to the incarcerated population. In addition to individual psychotherapy and psychiatric services, the DMFS also provides residential treatment through a therapeutic milieu designated for those individuals who have functional impairments which interfere with living in general population due to a mental health condition. DMFS also operates the Department’s Secure Psychiatric Unit (SPU) and its Sex Offender Treatment (SOT) program.

Each facility offers group therapies as indicated by the diagnostic mix of the population, adapting to the needs of the inmates, based on gender, acuity, intellectual capacity, and other individualized needs. All groups are based on a cognitive behavior model, pulling in other modalities and strategies as necessary to assist in providing a successful therapeutic intervention. ■